



Photo

## DIPLOMA IN ACCOUNTANCY STUDENT REGISTRATION FORM

This form should be completed by all those who wish to register the Diploma in Accounting, in line with the Accountants Act of 2008.

Registration	Closing Dates	Examination	Closing Dates
For March	31 <sup>st</sup> January	For March	7 <sup>th</sup> February
For June	30 <sup>th</sup> April	For June	8 <sup>th</sup> May
For September	31 <sup>st</sup> July	For September	7 <sup>th</sup> August
For December	31 <sup>st</sup> October	For December	6 <sup>th</sup> November

**NOTE:** Students must submit their applications before the deadline for them to sit the examinations. However, applications are accepted throughout the year. Please complete the form and return it to:

Director - Education and Training  
Zambia Institute of Chartered Accountants  
Accounts Park, 2374/a Thabo Mbeki Road

or

Regional Manager North  
Zambia Institute of Chartered Accountants  
2<sup>nd</sup> Floor Mukuba Pension House, Room 333

P. O. Box 32005. Lusaka. Zambia.  
Tel: +260 211 374551/9  
Email: [education@zica.co.zm](mailto:education@zica.co.zm)

P. O. Box 23593. President Avenue  
Kitwe, Zambia. Tel: +260 212 222002  
Email: [kitwe@zica.co.zm](mailto:kitwe@zica.co.zm)

If your application is successful, you will receive a student admission letter, student handbook and where applicable the exemption notice. Following registration, the Student magazine will be sent to you on a quarterly basis.

### FOR OFFICIAL USE ONLY

**OFFICIAL  
STAMP**

Student Number:

Registration Date: \_\_\_\_\_

<b>Registration Level:</b>	Level 1		Level 2	
<b>Attachments:</b>	Fees		Photos	Additional Documents

Officer's Initials:

Signature: \_

Reviewer's Initial:

Signature: \_



## 1.0 GENERAL INFORMATION

### 1.1 Personal Information

Title (Mr./Mrs./Miss/ Dr/Prof	
First Name	
Middle Name	
Surname	
Nationality	
Date of Birth	
Sex (Male/Female)	
NRC Number	
Passport Number	

### 1.2 Contact Details

Postal /Residential Address	
Town/ City	
Country	
Phone Number	
Mobile Number 1	
Mobile Number 2	
E-Mail address	

### 1.3 Entry Route

School leaver with 5 credits or better including Mathematics and English	
Accounting Technician Certificate or any recognised equivalent qualification	

### 1.4 Mode of study

Full Time		Part Time		Self-Study	
If Full Time or Part Time, Name Institution					



## 2.0 EDUCATION

	QUALIFICATION	INSTITUTION OBTAINED FROM	LENGTH OF COURSE	DATE AWARDED

**EXEMPTIONS:** Please tick the papers you request to be exempted from in the boxes provided:

DA1	Financial Accounting	
DA2	Quantitative Analysis	
DA3	Business Economics	
DA4	Information Technology and Communication	
DA5	Cost Accounting	
DA6	Business Law	
DA7	Principles of Management	

**NOTE:** There are no exemptions at Level 2 of the Diploma



### 3.0 PAYMENTS

☐ POS (swipe)    ☐ Cheque    ☐ Cash, bank details below

Account Name: ZICA  
Bank Name: Zanaco Bank  
Kwacha Account No: 0027262500102  
Branch: Centre Branch

Other, Specify: \_\_\_\_\_

**NOTE:** You will be required to pay registration and annual subscription fees as shall be determined by the Institute. The registration fees will only be paid upon registration whereas the annual subscription fee will be due on 1<sup>st</sup> January of each calendar year. Should you be de-registered, you will be required to pay the said prescribed re-registration fee.

### 4.0 HOW YOU KNEW ABOUT THE CA ZAMBIA PROGRAMME (Tick all the boxes that apply)

ZICA Promotional event	<input type="checkbox"/>	School ZICA Career talk	<input type="checkbox"/>	Friend/Relative	<input type="checkbox"/>	Employer	<input type="checkbox"/>
Tuition provider	<input type="checkbox"/>	ZICA Website	<input type="checkbox"/>	Trade Event	<input type="checkbox"/>	Radio Advert	<input type="checkbox"/>
Newspaper Advert	<input type="checkbox"/>	TV Advert	<input type="checkbox"/>	Social Media	<input type="checkbox"/>	Other	<input type="checkbox"/>

If other, Specify: \_\_\_\_\_

### 5.0 DECLARATION

I hereby declare that the information given in this form is correct. I therefore make an undertaking to observe and abide by the regulations which are now and may hereafter be in force from time to time for regulating students and graduates. I understand that my eligibility will be based on official documents about my qualifications that I have submitted to ZICA. I understand that I will be charged for any exemptions at the current rate and pay all necessary fees in order to remain registered.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please ensure that you have enclosed copies of the following:**

<input type="checkbox"/> Certified Copy of NRC/ Passport	<input type="checkbox"/> Two (2) Passport size Photos
<input type="checkbox"/> <b>Certified</b> Relevant Statements of results and/Certificates	<input type="checkbox"/> Evidence of payment for registration

**NOTE:**

**Grade 12 results are to be certified by Examination Council of Zambia (ECZ).**

**THE END, THANK YOU FOR COMPLETING THIS FORM**